

Assistive Technology (AT)

Efficiency Delivery: supporting sustainable transformation

Staffordshire (Cannock) – Case Study

Background

As a shire county with two PCT's and 8 district councils, Staffordshire Social Care has recently re aligned its services to be co-terminus with the districts.

Assistive Technology (Telecare) has developed differently in different parts of the county where each district either has, or has contracts with, a housing provider to provide a control centre. The response service from the control centres also varies but at present with the exception of East Staffordshire, there is no emergency response service. Rather each service relies on a named key holder or the main emergency services (e.g. ambulance service, police) to visit.

The Preventative Technology Grant was mainly used to 'bolt on' to existing pendant schemes adding equipment such as flood detectors, smoke alarms, pressure pads and bed sensors. Equipment stores own the products and deal with the delivery with the monitoring costs being paid to the respective call centre. Referrals are made by both health (including district nurses and community psychiatric nurses) and social care colleagues based on FACS eligibility criteria at the critical and substantial levels.

Description of the initiative

The focus of this case study is on the *Just Checking* system set up in the Cannock area in 2006 as a tool to support the assessment process and to monitor people with dementia who live in the community (dispersed or supported housing), providing a daily chart of activity via the internet. The objective information that it provides informs the care/support plan and:

- Helps ensure that support meets individual need and lifestyle preferences,
- Takes risk into account,
- Packages of support are 'right-sized', and
- Helps to evaluate the effectiveness of plans as a monitoring tool.

- Since it is used as an assessment tool there are no costs to users or carers.
- The *Just Checking* kit:
 - Is portable,
 - The sensors are attached by velcro so it is easy and quickly installed (20 minutes) and removed (5 minutes),
 - Is re-usable (and therefore cost effective),
 - Is discreet and blends into the background,

- Is easy to explain, and
- Allows the information to be securely shared with others.

Accessed through PC



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Drivers for the initiative

It was recognised that the increasing number of people with dementia wanting to remain in the community would put pressure on existing resources and that new solutions would be needed to take the pressure off home care budgets, residential placements, and carers and help to prevent hospital admissions. In addition, worker based assessments are expensive i.e. £150 per night, are intrusive and the human interaction can skew the picture of what does and does not happen when informal and formal support is not present.

A pilot project in (June 2006) in Cannock Chase (described below) led to 12 kits being purchased initially and over 85 installations completed county wide; it was most popular in Cannock Chase where 37 installations took place.

Innovative features

This initiative intended to work towards earlier intervention and prevention / delay of crisis response by identifying changes in behaviour/ patterns of daily living to better understand the needs of individuals and the impact of support services through technology rather than worker based. Its intent was also to understand and test the benefits thereby overcoming scepticism of Telecare solutions.

It provides objective data where users could not give a detailed and accurate account of their activity and it has helped challenge other people's misconceptions. For example it has:

- Challenged some preconceptions about the ability of someone with dementia to manage in their own home particularly older people with dementia who are unable to give a detailed account of their activities. It offers a more balanced view of their capabilities as well as areas where support may be required.
- In some cases it has also strengthened an argument for long term care where behaviours and life skills have reduced and risks can no longer be managed safely within the community and family / friends were reluctant to consider long term care for historical or financial reasons.

- Helped facilitate discharge from hospital demonstrating to hospital-based staff how people can function better in their own home rather than on a hospital ward.
- Additional funding through South Staffordshire PCT has led to *Just Checking* being used by Community Mental Health teams working with older people with dementia and it has been successfully used in five Cannock Chase District Council sheltered housing schemes, where it is owned, installed and monitored by scheme managers to support tenants at a time of transition. It is promoted in tenants' forums and provides reassurance to residents and carers alerting staff to early difficulties.

Costs

Each kit is on a 3-year contract and costs £14 per week which includes maintenance, battery replacement, training and support and monitoring through PC. Installation costs are negligible as assessors can install. Using two kits 9-10 times over a 10-12 month period for an average of 4-5 weeks the average assessment cost is estimated to be between £50-70.

The £14 per week is the equivalent of one hour's home care. One night's sitting service to support an assessment is £150. One week in residential care/nursing home care is £322-£377 per week. Day Care is £60 per day i.e. its cost effectiveness is clear.

Evaluation

During August 2008, CSED researched the data held on 21 people. Nine people were deemed to have critical needs and 12 substantial needs in terms of the Fair Access to Care Services eligibility criteria. The reason for referral was often a request for long term institutional care.

Initially 16 cases were perceived as high risk and five medium risk. However, the data held indicated that following the assessment 12 people were deemed to be high, five medium and four low risk.

Of the sample, 13 people have remained at home and eight have entered long term care.

In eight cases, admission to institutional care was delayed. Delays ranged from four to 26 weeks, the average delay being just over nine weeks. All of the eight cases were perceived to be high risk and remained in this category following the *Just Checking* assessment. 50% of the eight people had their support package increased with 50% remaining the same.

Of the 13 people who remained at home, eight were initially perceived to be at high risk and five medium risk. Of the eight, following the *Just Checking* assessment, two remained high, two became medium and four became low risk. Of the five people considered as a medium risk, three remained medium, and two became high. Six of this group had their care/support packages increased whilst seven remained the same.

In respect of the total cohort, 10 care/support packages were increased and 11 remained the same. This emphasises the key benefit of *Just Checking* in helping to ensure needs are assessed accurately. In turn this means support packages are right-sized.

Estimated Cost Savings

Of the eight people whose admission to institutional care was delayed, six of them (75%) were self funders.

This is deemed to be an extremely high percentage and dependent on geographical location and local circumstances an average figure of 15% is more likely.

The other two people experienced delayed admissions of eight weeks each with a total saving of £126 a week net even though their support packages had increased. Over the eight weeks actual savings of just over £1,000 were accrued. This figure takes into account actual client contributions and the cost of the *Just Checking* system.

Using the 15% figure (one self funder), a similar cohort with an average delayed admission to institutional care of just over nine weeks would return net savings of £7,938 (£882 a week) or £45,864 per annum.

Estimated savings for the 13 people who remained at home with the same or an increased support package compared to admission to an institutional setting most suited to their care category (given that the risk factor decreased for six of them) totalled almost £2,300 per week or £119,400 per annum. This estimate includes actual client contributions towards support packages and the cost of the *Just Checking* system but does not factor in client contributions towards institutional care.

If the 75% figure of self funders was used as per the group described above, savings would drop to just over £530 per week or £27,600 per annum for three people (the 25%) less their contributions. However if the 15% figure is used, savings accrued would increase to £1,766 per week or almost £92,000 per annum less client contributions.

Total savings for a similar cohort of 21 people over a period of a year would be £120,400 less client contributions for institutional care for 62%.

Benefits

Outcomes / Cost Efficiency	CSED Validation
Save money/ be more efficient	The use of <i>Just Checking</i> as an assessment tool has ensured that care packages are established in the most efficient and cost effective way to meet individual lifestyles (e.g. timing of visits) and needs and to minimise and manage risk. It also has the potential to ensure that the cost of a care package is kept to a minimum so that the ceiling is kept below the tipping point for residential care.
Reduce hospital admissions or length of stay	A combination of Telecare and <i>Just Checking</i> ensures that systems are in place to alert relatives and professional staff to changes to individual behaviour that might indicate a need for medical attention which if left unattended may require hospital treatment.
Reduce residential/nursing home admissions	A combination of Telecare and <i>Just Checking</i> can offer an alternative solution to residential /nursing care by monitoring risk and activating support when needed.
Enable people to live independently longer/ exercise max control over their own life:	Telecare and <i>Just Checking</i> offers the opportunity for individuals to remain in their own homes for longer, minimising risk and so exercising control over their own lives.
Ensure people retain max dignity and respect	The sensors are a less intrusive way to understand what is happening for the individual on a 24-hour basis. The alternative would be for overnight staff to observe and report which would not only be more intrusive in the person's home, but more costly.
Supports and involves carers	Carers are able to log onto the <i>Just Checking</i> website and get up to date information about their relatives' patterns of daily living. They therefore feel able to make better informed decisions and choices in supporting relatives to remain at home.

Case Studies

1. Mrs W.

Mrs W. lives alone. Her daughter supports her and became convinced that her mother required long term care. She felt guilty as she had promised she would help her to live at home for as long as she wanted.

Just Checking showed she was getting up in the night, using the bathroom and then going downstairs; she did not sleep much and, as a result, her level of functioning was poor.

Based on *Just Checking* data her daughter agreed to work with the care plan that allowed her mother to go to bed later. This took pressure off the daughter who no longer had to rush in after work or visit in the early morning.

Outcome/Benefits:

- The care plan has been working well since summer 2006 and is currently £ 77 per week gross cheaper than the long term care cost.
- The daughter as carer feels less pressured and able to support her mother's wishes to remain at home.

2. Mrs X.

Mrs X. has been diagnosed with dementia. She lives in a rented property with her son who is a drug user and as a result has many callers to the home, some of whom are hostile.

Mrs X. was struggling to cope with the impact of her dementia coupled with the additional stress at home. Her mental health deteriorated and she was admitted to psychiatric hospital.

Her functioning on the ward was poor. She stated her desire to live in the community and was supported by her daughter and social worker, but the ward staff recommended long term care based on ward experience.

Just Checking was initiated during a period of home leave and demonstrated that she functioned much better in her own home.

A case conference used information to convince the hospital team of the merit of a return home and a transition plan was established including securing a place in sheltered housing to improve her safety. Mrs X. has lived in a new tenancy since September 2007 *with a support plan that includes domiciliary care and day opportunities.*

Outcome/Benefits:

- Initially there were savings to the department of £50 month in comparison with equivalent cost of a care home placement
- Following a review when it was ascertained that Mrs X required additional support, her care plan costs are now £10 higher than the equivalent cost of a care home placement but Mrs. X. remains independent

3. Mr Y.

Mr Y, aged 75, is diagnosed with dementia, and lives alone after his wife died. His supportive family live locally. Mr Y wished to live in his own home but his family were considering moving him into an extension in their home funded by a DFG – costing £15,000+.

Just Checking was installed and highlighted his restless behaviour within the home. A care package and Telecare equipment was used to reduce the risks.

The family decided that they could not cope with this activity in their own home and cancelled the DFG application. Mr Y remains living in his own familiar surroundings with support from care workers and family

Outcome/Benefits:

The care package is £500 per month cheaper than the cost of a care home which might have been the outcome if the DFG had gone ahead and there was a break down in arrangements within the family's home.

4. Mrs Z.

Mrs Z. Is a 71 year old with dementia, lives alone and up was staying awake all night. Her family were supportive but worried and considering long term care. Mrs Z. wanted to live at home.

Just Checking provided details of her activity and Telecare sensors were fitted that enabled her to find her way back to bed at night.

The existing care package was adjusted and monitored and Mrs Z. is still at home 70 weeks later.

Outcome/Benefits:

- Cost of care package is now saving £300 per month compared to long term care costs. This equates to a saving of around £4800 over the 70 weeks.
- Carers are less stressed.

CSED Conclusions

The experience of using *Just Checking* has highlighted the benefits to both users and carers in both assessments, the development of care/support plans and in on-going monitoring in both dispersed housing and supported living schemes. Evidence suggests that it is a cost effective model in Cannock Chase by ensuring that care/support packages are right-sized and provide support at the most appropriate times for individuals to meet preferred lifestyles and circumstances.

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December 2008